

CITY OF CINCINNATI INCOME TAX DIVISION TAXPAYER INFORMATION WORKSHEET

Mail worksheet to:

Cincinnati Income Tax Division 805 Central Avenue Suite 600 Cincinnati OH 45202-5756

Your Name:		SSN:		Spouse's Name:		SSN:	
Home Phone:	() Work Phone: ()		Home Phone: ()		Work Phone: ()		
RESIDENTIAL	S (Complete worksheet for the past s	ix years	RESIDENTIAL ADDRESSES (Complete worksheet for the past six years				
Date From	Date To Present	Street Address/City/State	Zip Code	Date From	Date To Present	Street Address/City/State	Zip Code
EMPLOYMENT/INCOME HISTORY (Complete worksheet for past six years EMPLOYMENT/INCOME HISTORY (Complete worksheet for past six years)							
Date From	Date To Present	Name of Employer/Income Source	Zip Code	Date From	Date To Present	Name of Employer/Income Source	Zip Code
SUPPLEMENTAL INFORMATION: 1) De veux and formation and action from a postular from a postular stable and action (constant). The veux and formation from the formation of the fo							
1) Do you and/or your spouse receive Form K-1 income from a partnership or an S-Corporation? (circle option) YES NO 3) If YES, what was the date of purchase? What do you collect monthly for rent from the property? Have you or your spouse been self-employed within the past six years? (circle option) YES NO If YES, provide specific dates: From To To							
SIGNATUREI certify that the above information is true and accurate. SIGNATUREI certify that the above information is true and accurate.							
Your Name Date				Spouse's Nan	ne	Date	